

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045305

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3179

1. **FILED NOV 16 1962**

a. COUNTY **ST LOUIS**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **JEFFERSON BARRACKS**

Length of stay in 1b  
**173 DAYS**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **HOSP VETERANS ADMINISTRATION**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **ILL.** b. COUNTY **BOND**

c. CITY OR TOWN **POCAHONTAS.** Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
**RURAL ROUTE #1** Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**JOSEPH H HOLTZGANG**

4. DATE OF DEATH  
Month Day Year  
**OCTOBER 31, 1962**

5. SEX  
**MALE**

6. COLOR OR RACE  
**WHITE**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**11-5-95**

9. AGE (last birthday)  
**66**

IF UNDER 1 YEAR IF UNDER 24 HR.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**FARMER - RETIRED**

10b. KIND OF BUSINESS OR INDUSTRY  
**FARMING**

11. BIRTHPLACE (City and state or country)  
**HIGHLAND, ILL.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**JOSEPH HOLTZGANG**

13b. MOTHER'S MAIDEN NAME

**JANE SIMPSON**

14. NAME OF HUSBAND OR WIFE

**FLORA B. HOLTZGANG**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**YES WW I**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**FLORA B HOLTZGANG, LEITCHFIELD, KY, WIFE**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **MASSIVE ACUTE PULMONARY EMBOLIZATION**

INTERVAL BETWEEN ONSET AND DEATH  
**12-24 Hrs.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Older pulmonary emboli with infarction, 2-4 Days  
Cor Pulmonale: Severe emphysema & pulmonary edema**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5-11-62** to **10-31-62** ~~XXXXXXXXXX~~

Death occurred at **12:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE  
**REMOVAL 11-3-62**

23c. NAME OF CEMETERY OR CREMATORY  
**New Salem**

23d. LOCATION (City, town, or county) (State)  
**Madison County, Ill.**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Theron Dewey, Greenville, Ill.**

**11-2-62**

*John B. Murphy MD*

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

**14000**

**28120**

**3**

**4 0**

**5 1**

**6**

**7 1**

**8 0**

**9 8**

**10**

**11**

**12 48-0**

**13**

NOV 30 1962

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Kessly III

Licensed Embalmer No. 5039

P. O. Address E. M. Louis, Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.